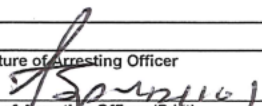


ADMINISTRATIVE	OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No									
	Agency ORI Number FL0501700		Agency Name Jupiter Police Department				Agency Report Number 54-19-000816															
	Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapons Seized/Type 1. Yes 2. No		2											
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.				Date of Offense 01/18/19													
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal										
Location of Vehicle				Other Local Number		FDLE Number		DOC Number		FBI Number												
DEFENDANT	Name (Last, First Middle) Voiron, John Oliver										Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W M		Date of Birth 04/27/64		Height 601		Weight 200		Eye Color blu		Hair Color bro		Complexion med		Build med			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status unk		Religion unk		Indication of: Alcohol Influence Drug Influence		Y N Un. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>					
	Local Address (Street, Apt. Number) 4903 Midtown Ln. #3111				(City) PBG		(State) FL		(Zip) 33418		Phone ()		Residence Type: 1. City 2. County 3. Florida 4. Out of State									
	Permanent Address (Street, Apt. Number) same				(City)		(State)		(Zip)		Phone ()		Address Source D/L									
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation unk									
	D/L Number V640474641470				D/L State FL		Soc. Sec. Number		INS Number		Place of Birth Missouri		Citizenship US									
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)												Residence Phone ()							
Address (Street, Apt. Number)		(City)				(State)		(Zip)		Business Phone ()												
Notified By: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated														
Released To: (Name)				Relationship		Date		Time														
The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)										School Attended		Grade										
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property								Value of Property												
CODE	Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture		Z. Other		Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/		U. Unknown	
	N. N/A		B. Buy		D. Deliver		Distribute		Produce/		Cultivate		N. N/A		C. Cocaine		M. Marijuana		Equipment		Z. Other	
P. Possess		T. Traffic		E. Use										A. Amphetamine		E. Heroin		O. Opium/Deriv.		S. Synthetic		
CHARGE	Charge Description Solicit another to commit prostitution				Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 796.07(5)(a)1				Violation of ORD #									
	Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-000816		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #									
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410																			
	Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																					
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)														Date Signed							
	HOLD for other Agency Name:				Signature of Arresting Officer X 				Name Verification (Printed by Prisoner) (PRINT)													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Det. A. Sharp #412/1101				I.D.#		PAGE											
	Intake Deputy I.D.#		Pouch #		Transporting Officer I.D.#				Agency		Witness here if subject signed with an "X"											

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ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	Juvenile	No	
	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT			Agency Report Number 54-19-000816				
	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:				
DEF	Name (Last, First, Middle) Voirol, John Oliver					Alias				
	Victim's Name (Last, First, Middle) State of Florida					Race		Sex		Date of Birth
VICTIM	Local Address (Street, Apt. Number) (City) (State) (Zip) 210 Military Trail, Jupiter, Florida 33458					Phone (561) 746-6201		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)					Phone ()		Occupation		
	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody.... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
PROBABLE CAUSE STATEMENT	On the <u>18th</u> day of <u>January</u> , <u>2019</u> at <u>1851</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)									

In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.

Room Surveillance: Det. A. Sharp #412
Room Camera # JPPD Cam 3


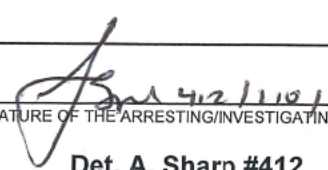
January 18th, 2019, 2331hrs – 0014hrs

Defendant: John Oliver Voirol (W/M, 04/27/64)

On Friday, January 18th, 2019, video surveillance was conducted at the target business. At approximately 2331hrs, Voirol enters the spa wearing a black shirt and dark pants. Voirol approaches the front counter and pays for services to an Asian female, previously identified as Lei Wang (A/F, 05/20/73), with a credit/debit card which was captured on JPPD Cam 5. At approximately 2335hrs, Voirol walks to a massage room, captured by JPPD Cam 3. Voirol disrobes and lies face down on the massage table. An Asian female, previously identified as [REDACTED], and an unidentified Asian female wearing a pink top and black pants enter the room and begin massaging Voirol. Both females are observed on camera massaging Voirol's back for several minutes. At approximately 2340hrs, both females are seen manipulating Voirol's penis manually. At 2351hrs, Voirol is observed putting his hand up [REDACTED] shirt stimulating her breasts, and he ejaculates. At approximately 2353hrs, [REDACTED] and the unidentified female are observed cleaning off Voirol's penis with several white towels. At approximately 0010hrs, Voirol is observed paying the females \$7.00 cash; the bills were placed on the massage table and identified as 1 \$5.00 bill and 2 \$1.00 bills. Voirol is then brought to the front counter by [REDACTED] and the unidentified female, where he is observed paying a credit card for the second time at approximately 0012hrs. Voirol exits the business at approximately 0014hrs.

Surveillance on scene: At approximately 2331hrs, a white male, later identified as John Oliver Voirol (W/M, 04/27/64) by enters the establishment through the front door. At approximately 0012hrs, Voirol exits the front door and traveled to his vehicle, a 2012 white Ford Van bearing FL# R4BIH, which was observed by Officer Dampier and Detective Jenne #403. A traffic stop was conducted on the vehicle by Officer Kitchens #381 and the male was positively identified by his Florida Driver's License as John Oliver Voirol (W/M, 04/27/64), the registrant and sole occupant of the vehicle.

Based on the aforementioned investigation, I have probable cause to believe did solicit, induce, entice, or procure another to commit prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(5)(a)1.

ADMIN.	SWORN AND SUBSCRIBED BEFORE ME	
	 NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER	 SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER
	February 22, 2019 DATE	Det. A. Sharp #412 NAME OF OFFICER (PLEASE PRINT)
		February 22, 2019 DATE

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